

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040880

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9998

VS 300
Rev. 4/59

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204996

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DATE AMENDED

11/5/62

INSTEAD OF

Arkansas

SHOULD READ

Warrensburg, Mo.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
FILED OCT 29 1962b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis, Mo.**Length of stay in 1b
23 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR ST. LOUIS - Little Rock
INSTITUTION **Hosp. Inc.**Inside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jasper**c. CITY
OR
TOWN **Joplin,**Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
1716 Empire StreetReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

Month

Day

Year

John**Oren****Whitsett****Oct.****17****1962**5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Dec. 29, 19009. AGE (last birthday)
61IF UNDER 1 YEAR IF UNDER 24 HR
Months **18** Days **18** Hours **18** Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Pens. Loco Fireman10b. KIND OF BUSINESS OR INDUSTRY
Railroad11. BIRTHPLACE (City and state or country)
Arkansas Warrensburg, Mo. U. S. A.12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Mary Whitsett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary Whitsett 1716 Empire St. Joplin,18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) **Coumgesture Heart Faulun**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Mutralstenosis**DUE TO (c) **Rhenmatic Heart Disease**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour **1:20** a.m. **P.M.** Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Sept. 25, 1962** to **Oct. 17, 1962** and last saw him alive on **Oct. 17, 1962**
Death occurred at **1:20 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 South Grand Blvd.

22c. DATE SIGNED

10-18-6223a. BURIAL, CREMATION, REMOVAL (Specify)
Removal23b. DATE
10-18-1962

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Joplin, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

C.R. Lupton & Sons**7233 Delmar Blvd.**

25. DATE RECD. BY LOCAL REG.

OCT 18 1962

26. REGISTRAR'S SIGNATURE

Roan Smith. M.D.USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

11

Warrensburg, Mo.

OCT 30 1962

OCT 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 404

P. O. Address Flower, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.